

PERMANENT ABSENT VOTERS

1. Summary of Chapter 1422, Statutes of 1982

Chapter 1422, Statutes of 1982, added Chapter 7, commencing with Section 1450 of the Elections Code, to establish a permanent absent voter program. Chapter 920, Statutes of 1994, has revised the numbering of Sections 1450 to 1456 to Sections 3200 to 3206.

Prior to the enactment of Chapter 1422, an absent voter ballot was not mailed to a voter unless a written request for an absent voter ballot was received before each election. With the enactment of Chapter 1422, counties are required to do the following:

Establish and maintain a list of permanent absent voters who provide evidence of physical disability;

Mail absent voter ballots to such voters for each election in which they are eligible to vote;

Delete from the permanent absent voter list any person who fails to return an executed absent voter ballot for any statewide primary or general election.

On September 21, 1989, the Commission on State Mandates determined that Chapter 1422, Statutes of 1982, in adding Section 1450 through 1456 to the Elections Code resulted in state mandated costs that are reimbursable pursuant to Government Code Section 17561.

2. Eligible Claimants

Any county incurring increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

3. Types of Claims

A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with SCO by a county for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim for the 2007-08 fiscal year, may be filed by February 17, without a late penalty. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. However, initial reimbursement claims will be reduced by a late penalty of 10% with no limitation.

In order for a claim to be considered properly filed, it must include documentation to support the indirect cost rate if the indirect cost rate exceeds seven percent. A full discussion of the indirect cost methods available to counties may be found in the P's & G's. Documentation to support actual costs must be kept on hand by the claimant and made available to SCO upon request as explained in the P's & G's.

B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

4. Reimbursable Activities

Eligible claimants will be reimbursed for the increased cost incurred for the following activities:

A. Initial One-Time Costs

1. Computer Costs
2. Sample Ballots (change format)
3. Creating Initial Absentee file

B. Ongoing Costs

1. Maintenance of Permanent File
2. Increased Postage
3. Cancellation of Voters Who Did Not Vote; Then Reinstatement Upon Request
4. Marking of Permanent Absentee Voter Affidavit For Identification

Justification of Purchases: If an entity claims increased costs resulting from the purchase or modification of voting equipment or additional secrecy envelopes, an explanation of how these costs are a direct result of the mandate must be provided with the claim. The increase for these costs during the fiscal year being claimed must be shown separately. Also documents that indicate the cost and purchase dates of the above items must be submitted with the claim.

5. Reimbursement Limitations

Actual election day costs are not reimbursable as all registered voters are eligible to vote absentee.

Any offsetting savings or reimbursement the claimant received from any source (e.g., service fees collected, federal funds, other state funds etc.) as a result of this mandate shall be identified and deducted so only the net local cost is claimed.

6. Claim Forms

A. Form -2, Activity Cost Detail

This form is used to segregate the detailed costs by claim activity. A separate Form 2 must be completed for each activity being claimed. Costs reported on this form must be supported as follows:

1. Salaries and Benefits

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate and related fringe benefits. In lieu of actual time, the average number of hours devoted to each function may be claimed if supported by a documented time study. A time study may be appropriate for functions that are relatively short in duration and repetitive. If the claim is based on a time study, submit with the claim all time documentation for the Controller's review of the study's precision and reliability.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

2. Office Supplies

Only expenditures that can be identified as a direct cost of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. Purchases made shall be claimed at the actual price after deducting for all cash discounts, rebates, and allowances received by the claimant.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders and other documents evidencing the validity of the expenditures.

For audit purposes, all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. Such documents shall be made available to the State Controller's Office on request.

B. Form -1, Claim Summary

This form is used to summarize direct cost by activity and compute allowable indirect cost for the mandate. Claim statistics must identify the amount of work performed during the period for which costs are claimed. The claimant must provide the number of victims notified in the fiscal year of claim. Direct costs summarized on this form are derived from Form -2 and carried forward to Form FAM-27.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have their own ICRP.

C. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized officer of the local agency. All applicable information from Form-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 PERMANENT ABSENT VOTERS			For State Controller Use Only (19) Program Number 00083 (20) Date Filed (21) LRS Input		PROGRAM <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">083</div>	
(01) Claimant Identification Number			Reimbursement Claim Data			
(02) Claimant Name			(22) FORM-1, (04)(A)(1)(d)			
Address			(23) FORM-1, (04)(A)(2)(d)			
			(24) FORM-1, (04)(A)(3)(d)			
			(25) FORM-1, (04)(B)(1)(d)			
Type of Claim	Estimated Claim	Reimbursement Claim	(26) FORM-1, (04)(B)(2)(d)			
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27) FORM-1, (04)(B)(3)(d)			
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28) FORM-1, (04)(B)(4)(d)			
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29) FORM-1, (06)			
Fiscal Year of Cost	(06)	(12)	(30) FORM-1, (07)			
Total Claimed Amount	(07)	(13)	(31) FORM-1, (09)			
Less: 10% Late Penalty (refer to claiming instructions)		(14)	(32) FORM-1, (10)			
Less: Prior Claim Payment Received		(15)	(33)			
Net Claimed Amount		(16)	(34)			
Due from State	(08)	(17)	(35)			
Due to State		(18)	(36)			
(37) CERTIFICATION OF CLAIM <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for the Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Signature of Authorized Officer <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;"> Date <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> Type or Print Name (38) Name of Contact Person for Claim <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;"> Title Telephone Number E-mail Address <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div>						

Program 083	PERMANENT ABSENT VOTERS Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from Form-1, line (11). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred or the claims will be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (28) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (28) for the reimbursement claim, e.g., Form-1, (04)(A)(1)(d), means the information is located on Form-1, line (04)(A)(1), column (d). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 35.19% should be shown as 35. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250**

Address, if delivered by other delivery service:

**OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 3301 C Street, Suite 500
 Sacramento, CA 95816**

Program 083	MANDATED COSTS PERMANENT ABSENT VOTERS CLAIM SUMMARY				FORM 1
(01) Claimant		(02)		Fiscal Year 20__/20__	
(03) Department					
Direct Costs		Object Accounts			
		(a)	(b)	(c)	(d)
		Salaries	Benefits	Materials and Supplies	Total
(04) Reimbursable Activities					
A. Initial – One-Time Activities					
1. Computer Costs					
2. Sample Ballots (Change format)					
3. Creating Initial Absentee File					
B. Ongoing Activities					
1. Maintenance of Permanent File					
2. Increased Postage					
3. Cancellation of Non-Voters/Reinstatement upon Request					
4. Marking PAV Affidavit for Identification					
(05) Total Direct Costs					
Indirect Costs					
(06) Indirect Cost Rate				[From ICRP or 10%]	%
(07) Total Indirect Costs				[Refer to Claiming Instructions]	
(08) Total Direct and Indirect Costs				[Line (05)(d) + line (07)]	
Cost Reduction					
(09) Less: Offsetting Savings					
(10) Less: Other Reimbursements					
(11) Total Claimed Amount					[Line (08) - {line (09) + line (10)}]

Program 083	PERMANENT ABSENT VOTERS CLAIM SUMMARY Instructions	FORM 1
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of costs.
- (03) Department. If more than one department has incurred costs for this mandate, give the name of each department. A separate form Form-1 should be completed for each department.
- (04) Reimbursable Activities. For each reimbursable activity, enter the totals from form Form-2, line (05), columns (d) through (f), to form Form-1, block (04), columns (a) through (c), in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (d).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (05)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(d), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant, as a direct result of this mandate, including funds allocated for the direct costs of the advisory committee. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

Program 083	MANDATED COSTS PERMANENT ABSENT VOTERS ACTIVITY COST DETAIL	FORM 2
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(01) Claimant	(02) Fiscal Year
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(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.

A. Initial - One-Time Activities <input type="checkbox"/> Computer Costs <input type="checkbox"/> Sample Ballots (Change format) <input type="checkbox"/> Creating Initial Absentee File	B. Ongoing Activities <input type="checkbox"/> Maintenance of Permanent File <input type="checkbox"/> Increased Postage <input type="checkbox"/> Cancellation of Non-Voters/Reinstatement upon Request <input type="checkbox"/> Marking PAV Affidavit for Identification
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(04) Description of Expenses			Object Accounts		
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials and Supplies
(05) Total <input type="text"/> Subtotal <input type="text"/> Page: ___ of ___					

Program 083	PERMANENT ABSENT VOTERS ACTIVITY COST DETAIL Instructions	FORM 2
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box which indicates the activity being claimed. Check only one box per form. A separate Form 2 must be prepared for each applicable activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, and supplies used. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit will be from the date of initial payment of the claim. Such documents must be made available to SCO on request.

Object/ Sub object Accounts	Columns						Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	
Salaries	Employee Name Title Activities	Hourly Rate	Hours Worked	Salaries= Hourly Rate X Hours Worked			
Benefits		Benefit Rate			Benefits = Benefit Rate x Salaries		
Materials and Supplies	Description of Supplies Used	Unit Cost	Quantity Used			Cost = Unit Cost x Quantity Used	

- (05) Total line (04), columns (d) through (f) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (f) to form 1, block (04), columns (a) through (c) in the appropriate row.